

THE ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

DOCKET NUMBER: AUS920030585US1

Express Mail # EL 977166524S  
DATE: September 25, 2003

Sir:

Transmitted herewith for filing is the Patent Application of:

Inventors: Janani Janakiraman, et al.

For: "Translating Emotion to Braille, Emoticons and Other Special Symbols"

**Assignee Name: International Business Machines Corporation**

**Assignee Residence: Armonk, New York**

Enclosed are:

- X 30 Patent Specification including an Abstract
- X 6 Pages of Claims
- X 9 Sheet(s) of drawings.     Informal X Formal
- X 1 Declaration(s) and Power of Attorney
- X Form PTO 1595 and Assignment of the Invention to IBM Corporation
- A certified copy of a     application.
- X Information Disclosure Statement, PTO 1449 and copies of 8 references.

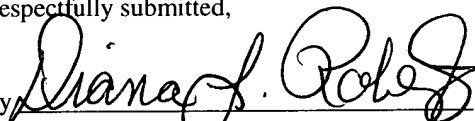
The filing fee has been calculated as shown below:

For	Number Filed	Number Extra	Rate	Fee
Basic Fee				\$750.00
Total Claims	16 - 20	0	x 18 =	\$ 0.00
Indep. Claims	3 - 3	0	x 84 =	\$ 0.00
MULTIPLE DEPENDENT CLAIM PRESENTED				\$ 0.00
TOTAL				\$750.00

- X Please charge my Deposit Account No. 09-0447 in the amount of \$ 750.00. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 09-0447. A duplicate copy of this sheet is enclosed.
- X Any additional filing fees required under 37 CFR 1.16.
- X Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

By



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THE ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

DOCKET NUMBER: AUS920030585US1

Express Mail # EL 9771652245

DATE: September 25, 2003

Sir:

Transmitted herewith for filing is the Patent Application of:

Inventors: Janani Janakiraman, et al.

For: "Translating Emotion to Braille, Emoticons and Other Special Symbols"

**Assignee Name: International Business Machines Corporation**

**Assignee Residence: Armonk, New York**

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Basic Fee				\$750.00
Total Claims	16 - 20	0	x 18 =	\$ 0.00
Indep. Claims	3 - 3	0	x 84 =	\$ 0.00
MULTIPLE DEPENDENT CLAIM PRESENTED			x 270 =	\$ 0.00
TOTAL				\$750.00

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